

BSL-2 Lab Inspection Checklist

Conducted By: _____

Inspection Date: _____

Supervisor: _____

Department: _____

Location(s)/Usage: _____

Housekeeping	A	D	N/O	N/A	Comments
Surfaces appear to be cleaned and decontaminated after work is performed (no chemical residue, dust, biohazards, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General work space, storage areas, and benchtops appear uncluttered and orderly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No slip, trip, or fall hazards are present. Aisles and exits are free from obstruction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No glass containers are stored on the floor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trash bags & sharps containers are removed when full.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action: _____ Completed by: _____ Date: _____					
Personal Protective Equipment (PPE)	A	D	N/O	N/A	Comments
Hand protection is available, matched to hazards, and in use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye protection is available and in use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lab coats, Tyvek garments, etc., are available and in use when required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respirator use is registered with SRM. Respirators are maintained properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personnel are wearing appropriate attire (no shorts, tank tops, open-toed shoes, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Head, Foot, Hearing, & Fall protection is available and in use if required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PPE Hazard Assessment is documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shared PPE is properly sanitized before/after use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action: _____ Completed by: _____ Date: _____					
Emergency Preparedness	A	D	N/O	N/A	Comments
Eye wash/safety shower in good working order, covers in place, and pathway unobstructed. Eyewash flushed monthly and date is documented. Personnel are aware of the eyewash/shower location and know how to operate the equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A chemical and/or biological spill kit for minor spills is available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

First aid medication/antidotes are available and within expiration dates. (i.e. calcium gluconate for HF exposure).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access to electrical breaker panels and emergency shutoff controls is unobstructed with 3' clearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Registration is current & emergency contact numbers/location details are posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evacuation routes are posted in common hallways. Personnel know the evacuation procedure, meeting site, and location of nearest fire alarm.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action: _____ Completed by: _____ Date: _____					
Fire Protection	A	D	N/O	N/A	Comments
Sprinkler heads are unobstructed with an 18" clearance below sprinkler heads around entire room (24" clearance for non-sprinklered areas).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers available, appropriate for type of hazard, inspection dates recorded, and unobstructed access with 3-foot clearance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All fire-rated doors are self-closing and kept closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire alarm strobes are visible from all locations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action: _____ Completed by: _____ Date: _____					
General Practice	A	D	N/O	N/A	Comments
Caution signs on the door and equipment for any specific hazards (UV, Laser, Radiation, Biohazard, noise, high voltage, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Food & household products used in chemical or hazard area are labeled "not for human consumption" or "lab use only."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Household appliances (refrigerators, microwaves, blenders, grinders, etc.) are labeled for "lab use only."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No evidence of eating, drinking, smoking, applying cosmetics, or mouth pipetting inside the space.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Entry doors kept closed at all times and locked when unoccupied to maintain security.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action: _____ Completed by: _____ Date: _____					
Safety Training	A	D	N/O	N/A	Comments
Safety training administered by SRM is current (Vivid, Blackboard).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety training provided by supervisor directly is documented (SOP, training checklist, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Hazard Assessment Training Determination Form submitted and current for potential hazards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action: _____ Completed by: _____ Date: _____					
Engineering Controls & Ventilation	A	D	N/O	N/A	Comments
Chemical fume hood (CFH) not being used for chemical or equipment storage. Air foil & rear baffle unobstructed. Excess equipment is mounted to aid in air circulation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CFH sash is at or below minimum height (18") when in use and kept closed when not in use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Access to CFH/LEV is unobstructed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fume hood inspection certification is current (performed annually by SRM).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Local exhaust ventilation (LEV) is in use and in good working order (i.e. snorkel, dust collector)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological Safety Cabinet (BSC) is certified, cleaned/decontaminated, not used with volatile chemicals or open flame. Vacuum lines w/filters and disinfectant traps. HEPA filter replacement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action: _____ Completed by: _____ Date: _____					
Gas Cylinders	A	D	N/O	N/A	Comments
Cylinders properly chained, secured, and clearly labeled with contents. Storage in dry, ventilated, fire-resistant location. Caution signs posted for gas type hazard (flammable, toxic, oxidizer, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cylinder caps on reserve cylinders. Empty cylinders labeled and stored separately.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Incompatible cylinders stored separately (oxygen/flammable 20' or 5' fire wall).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cylinder equipment (regulator, tubing, etc.) is compatible with gas and in proper working order.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action: _____ Completed by: _____ Date: _____					
Chemical Management	A	D	N/O	N/A	Comments
Chemical Hygiene Plan (CHP) is available to personnel working with hazardous chemicals. Lab specific CHP is current and documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Standard Operating Procedure (SOP) documented for particularly hazardous chemicals and/or high-risk procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical inventory is submitted annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Data Sheets (SDS) are available in print or electronic format and personnel know how to access the SDS when needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Chemical containers are labeled with contents, appropriate hazard warnings, and expiration dates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Time-sensitive chemicals (i.e. peroxide formers) are labeled with date opened and removed as hazard waste when expired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical storage is well organized and incompatible materials are segregated (oxidizers/flammables, acids/bases).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous materials/liquids are stored below eye level (not on the floor) and are stored in secondary containers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chemicals are stored in compatible containers and cabinets (acids in non-metal cabinets, flammables in approved cabinets, refrigeration).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chemical containers are kept closed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unnecessary, unused, or outdated materials are removed for hazard waste disposal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flammable liquid storage cabinets are properly labeled, kept closed, and have no materials stored on top of them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Corrective Action: _____ **Completed by:** _____ **Date:** _____

Waste Management	A	D	N/O	N/A	Comments
Hazardous waste containers are labeled with contents, accumulation start date, and generator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Waste containers are kept closed to prevent off-gassing discharge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous wastes are removed for disposal before the 12-month accumulation limit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary containers are used to store glass waste collection bottles to capture leaks/spills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Syringes and other sharps waste are disposed of in approved sharps container. Labeled as "biohazard" or "non-contaminated" sharps.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Needles are not re-capped, bent, or broken and are disposed of immediately in appropriate container.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological waste is collected in approved bag and disposed of in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Corrective Action: _____ **Completed by:** _____ **Date:** _____

Equipment Safety	A	D	N/O	N/A	Comments
Rotating machinery and high temperature devices have approved safeguards. Safety switches and emergency stops are working.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety training for hazardous equipment is documented (SOP, training checklist, badge system).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Ladders are labeled with the approved warning stickers and are inspected before each use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radiation Producing Equipment is registered with SRM and NC Radiation Protection Section.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action: _____ Completed by: _____ Date: _____					
Electrical Safety	A	D	N/O	N/A	Comments
Equipment does not have frayed or damaged wiring.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extension cords are not being used as permanent wiring.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Power strips are suitable for the load involved and are plugged directly into the outlet (not "daisy-chained").	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action: _____ Completed by: _____ Date: _____					
Biological Safety	A	D	N/O	N/A	Comments
Approval is documented for work requiring additional registration (Animal research with IACUC, rDNA with IBC).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inventory of Biological Agents is submitted annually to SRM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Approved disinfectant is in use and bleach solutions are freshly prepared (within 24 hours).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action: _____ Completed by: _____ Date: _____					
Biological Safety for BSL 2	A	D	N/O	N/A	Comments
Laboratory design includes non-porous furniture, no carpeting, handwashing sink near the exit, and emergency eyewash station.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BSL 2 door sign lists agents in use and PI contact information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lab doors are kept closed at all times and securely locked when BSL-2 work is in progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Biological Safety Manual & BSL-2 SOP available to lab personnel and training is documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BBP ECP & HBV Vaccination Program for labs working with human derived materials (blood, body fluids, unfixed tissues, etc.). Annual BBP training is documented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BSC is used when potential for infectious aerosol/splash exists.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action: _____ Completed by: _____ Date: _____					
Safety Office Comments					